




Atty. Dkt. No. 9129.109

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Ewing, Anthony P., et al.
Title: HIGH-RESOLUTION
MAGNETOENCEPHALOGRAPHY
SYSTEM AND METHOD

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EO 901 036 536 US (Express Mail Label Number)	June 26, 2003 (Date of Deposit)
Bernard J. Kleinke (Printed Name)	
 (Signature)	

Appl. No.:

Filing Date:

Examiner:

Art Unit:

UTILITY PATENT APPLICATION
TRANSMITTAL

MAIL STOP PATENT APPLICATION
Commissioner for Patents
PO BOX 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (60 pages).
- ☒ Formal drawings (28 sheets, Figures 1-29).
- ☒ Declaration and Power of Attorney (5 pages).
- ☐ Assignment of the invention to Tristan Technologies.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement with copies of ____ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76) (4 pgs.).

The filing fee is calculated below:

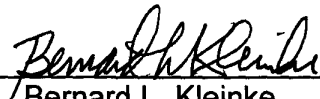
	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total Claims:	38	- 20	= 18	x \$18.00	= \$324.00
Independents:	3	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+	\$280.00	= \$0.00
				SUBTOTAL:	= \$1074.00
<input checked="" type="checkbox"/>				Small Entity Fees Apply (subtract ½ of above):	= \$537.00
				TOTAL FILING FEE:	= \$537.00

- ☒ The Commissioner is hereby authorized to charge the filing fee of \$537.00 pursuant to the attached Credit Card Payment Form.
- ☐ Please charge the filing fee of \$_____ to the deposit account 502635.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 502635. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 502635.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 26, 2003

By 
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